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CONFIRMATION NO. 2417

SERIAL NUMBER 10/070,271	FILING DATE 06/13/2002 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 22748/1
APPLICANTS Shane Willard Nickson, Sheffield, GBN, UNITED KINGDOM;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB00/04288 11/08/2000				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9926599.3 11/11/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY GBN	SHEETS DRAWING 3	TOTAL CLAIMS 13
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 1		
ADDRESS 21710				
TITLE Ankle/ foot orthosis				
FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 2417

SERIAL NUMBER 10/070,271	FILING DATE 06/13/2002 RULE	CLASS 602	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 22748/1
APPLICANTS Shane Willard Nickson, Sheffield, GBN, UNITED KINGDOM;				
** CONTINUING DATA ***** This application is a 371 of PCT/GB00/04288 11/08/2000				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9926599.3 11/11/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY GBN	SHEETS DRAWING 3	TOTAL CLAIMS 13
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 1		
ADDRESS 21710				
TITLE An Ankle and Foot Orthosis				
FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper, No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	